

Mississippi Secretary of State
700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES NOTICE FILING

AGENCY NAME MISSISSIPPI DEPARTMENT OF HUMAN SERVICES		CONTACT PERSON Earl Scales, Esq.	TELEPHONE NUMBER 601-359-4237	
ADDRESS 750 NORTH STATE STREET		CITY JACKSON	STATE MS	ZIP 39202
EMAIL escal@ago.state.ms.us	SUBMIT DATE 08/27/2013	Name or number of rule(s): Child Care Development Fund State Plan		

Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Child Care and Development Fund State Plan – Child Care Certificate Program.

Specific legal authority authorizing the promulgation of rule: Section 43-1-2, et. seq. of the MS Code Annotated

List all rules repealed, amended, or suspended by the proposed rule: Prior CCDF State Plans

ORAL PROCEEDING:

☒ An oral proceeding is scheduled for this rule on Date: 09/26/2013 Time: 12:00-2:00PM Place: Hinds County Extension Service Office, 1735 Wilson Blvd, Jackson, MS 39204 See website <http://www.mdhs.state.ms.us/cccd/ccdfstateplan.html> for proceeding rules.

☐ Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

ECONOMIC IMPACT STATEMENT:

☒ Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) X _____ Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing X _____ Other (specify): 10/01/2013	Date Proposed Rule Filed: Action taken: _____ Adopted with no changes in text Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Earl Scales, Esq.

Signature of person authorized to file rules: /s/ [Signature]

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____	<div style="border: 1px solid black; padding: 10px; text-align: center;">  </div> Accepted for filing by <u>[Signature]</u>	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Accepted for filing by _____

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.